

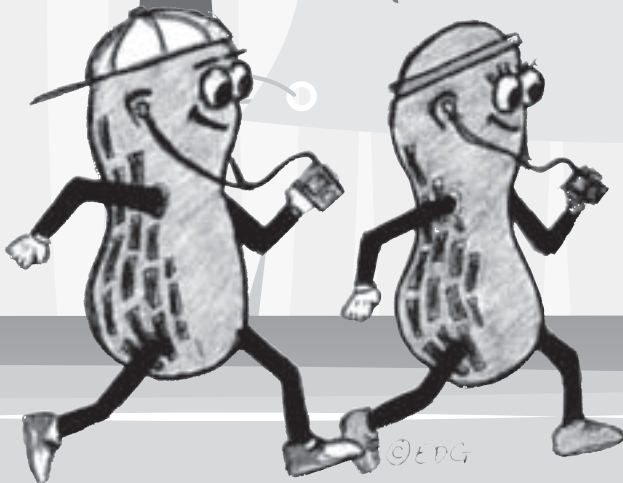
2009 Kaiser Benefits Comparison Charts

Supplement to Active
Decision Guide 2009

GEORGIA'S
NUTS ABOUT
HEALTH!

Steps to Maintain Good Health:

- Select the Best Health Care Option
- Seek Preventative Care
- Complete Your Health Assessment
- Participate in Health Coaching
- Take Charge of Your Health



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH



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COMMUNITY HEALTH

Rhonda M. Medows, MD, Commissioner *Sonny Perdue, Governor*

2 Peachtree Street, NW
Atlanta, GA 30303-3159
www.dch.georgia.gov

September 28, 2008

Dear State Health Benefit Plan (SHBP) Kaiser Permanente Member:

Enclosed you will find a comparison of Kaiser HMO & Senior Advantage Options to the other SHBP Plan Options.

Through a comprehensive, competitive procurement, SHBP recently awarded the statewide contracts that will be effective January 1, 2009 to CIGNA and UnitedHealthcare (UHC). Administrative efficiency from streamlining these contracts will help keep health care costs affordable for all members.

As you know, effective January 1, 2009, Kaiser Permanente will no longer be offered to new enrollees. We recognize the unique relationship between Kaiser patients and physicians due to the fact that most Kaiser physicians are employed by Kaiser Permanente and will not be in the CIGNA or UHC networks. SHBP intends to extend the Kaiser contract for an additional year for current Kaiser members. Only members currently enrolled in Kaiser would be able to select Kaiser during the Open Enrollment/Retiree Option Change Period for the 2009 plan year. This will allow Kaiser members an additional year to make the transition from Kaiser physicians to new physicians.

CIGNA and UHC will each offer the following options: Health Reimbursement Arrangement (HRA), High Deductible Health Plan (HDHP), Preferred Provider Organization (PPO), Health Maintenance Organization (HMO) and a Medicare Private Fee for Service with Prescription drugs (MA PFFS-PD) option for January 1, 2009.

The Open Enrollment dates are October 10 through November 10, 2008. If you fail to go On-Line and select a new health option and answer the surcharge questions, you will:

1. Retain the same coverage you currently have and will be assessed the tobacco surcharge and the spousal surcharge (if your spouse is covered). You will pay these surcharges for all of the 2009 Plan Year unless you experience a qualifying event.
2. Your coverage tier will be assigned based on the covered dependents at the close of Open Enrollment.
3. If you are enrolled in the Kaiser Consumer Choice Option (CCO), your coverage will roll over to Kaiser without the CCO.

The SHBP hopes that you will find this information useful as you review your options for the January 1, 2009 Plan Year.

Sincerely,

State Health Benefit Plan

Benefits Comparison

Schedule of Benefits for You and Your Dependents for January 1, 2009 – December 31, 2009

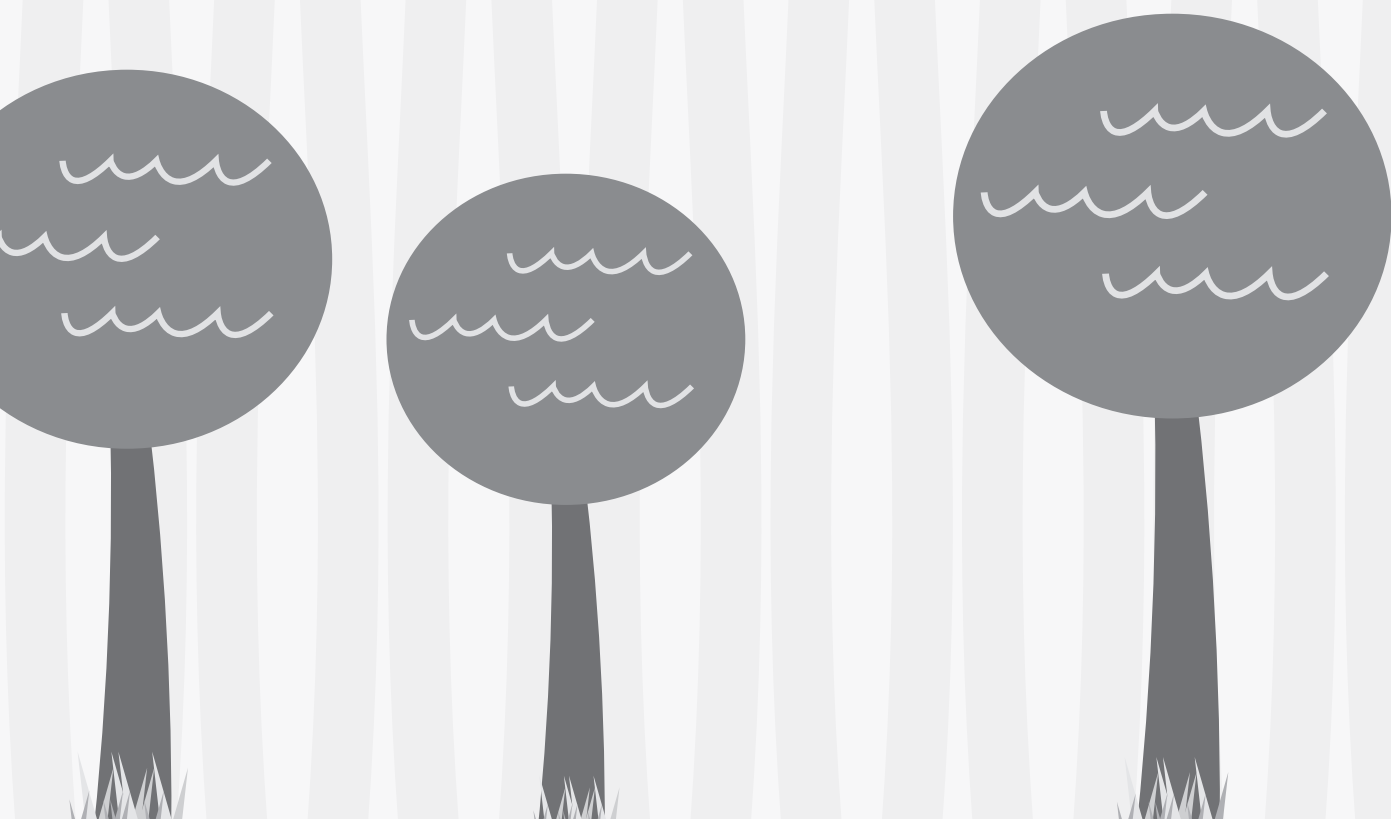
	HMO OPTION	HMO OPTION
	Kaiser Permanente	Kaiser Permanente Senior Advantage
Covered Services	<i>The Plan Pays:</i>	<i>The Plan Pays:</i>
Maximum Lifetime Benefit (combined for all SHBP Options)	\$2 million	Unlimited
Pre-Existing Conditions (first year in Plan only, subject to HIPAA)	Not applicable	Not applicable
Lifetime Benefit Limit for Treatment of: (combined for PPO Option and HDHP) • Temporomandibular joint dysfunction (TMJ)	No separate lifetime benefit limit	No separate lifetime benefit limit
Deductibles/Co-Payments: EE = Employee ES = Employee + Spouse EC = Employee + Child(ren) EF = Employee + Spouse + Child(ren) • Hospital deductible per admission	\$400 \$600 \$600 \$800 Not applicable	\$400 Not applicable Not applicable \$800 Not applicable
Out-of-Pocket Maximum: EE = Employee ES = Employee + Spouse EC = Employee + Child(ren) EF = Employee + Spouse + Child(ren) HRA Credits: EE = Employee ES = Employee + Spouse EC = Employee + Child(ren) EF = Employee + Spouse + Child(ren)	\$1,500 + co-pays \$2,250 + co-pays \$2,250 + co-pays \$3,000 + co-pays None	\$1,500 + co-pays Not applicable Not applicable \$3,000 + co-pays None
Physicians' Services		
Primary Care Physician or Specialist Office or Clinic Visits: Treatment of illness or injury	\$30 per office visit co-payment; Lab and x-rays may be subject to deductible	\$30 per office visit co-payment; Includes lab and x-rays done in the physician's office
Primary Care Physician or Specialist Office or Clinic Visits for the Following: • Wellness care/preventive health care • Annual gynecological exams (these services are not subject to the deductible)	100% after a per visit co-payment of \$30 for primary care and specialty care. No co-payment for immunizations and mammograms	100% after a per visit co-payment of \$30 for primary care and specialty care. No co-payment for immunizations and mammograms

	HMO OPTION	HMO OPTION
	Kaiser Permanente	Kaiser Permanente Senior Advantage
Physicians' Services	<i>The Plan Pays:</i>	<i>The Plan Pays:</i>
Maternity Care (prenatal, delivery and postpartum)	100% after initial \$30 co-payment	100% after initial \$30 co-payment
Physician Services Furnished in a Hospital • Visits; surgery in general, including charges by surgeon, anesthesiologist, pathologist and radiologist	90% coverage; subject to deductible	90% coverage; subject to deductible
Physician Services for Emergency Care Non-emergency use of the emergency room not covered	100% (\$100 co-pay applies to facility expenses)	100% (\$50 co-pay applies to facility expenses)
Outpatient Surgery— • When billed as office visit	100% after \$30 co-payment if billed as office visit	100% after \$30 co-payment if billed as office visit
• When billed as outpatient surgery at a facility	90% coverage; subject to deductible	90% coverage; subject to deductible
Allergy Shots and Serum	\$5 for shots and \$50 for a three-month supply of serum; 100% for shots and serum after a \$30 per visit co-payment; No co-pay if office visit not billed	\$5 for shots and \$50 for a three-month supply of serum; 100% for shots and serum after a \$30 per visit co-payment; No co-pay if office visit not billed
Hospital Services		
Inpatient Services • Inpatient care, delivery and inpatient short-term acute rehabilitation services	90% coverage; subject to deductible	90% coverage; subject to deductible
• Well-newborn care	100% coverage not subject to deductible	100% coverage not subject to deductible
Outpatient Surgery— Hospital/facility	90% coverage; subject to deductible	90% coverage; subject to deductible
Emergency Care—Hospital • Treatment of an emergency medical condition or injury • Non-emergency use of the emergency room not covered	100% after a \$100 per visit co-payment; if admitted co-payment waived; subject to deductible	100% after a \$50 per visit co-payment; if admitted co-payment waived; subject to deductible
Outpatient Testing, Lab, etc.		
Laboratory; X-Rays; Diagnostic Tests; Injections —including medications covered under medical benefits—for the treatment of an illness or injury	Lab and x-rays may be subject to deductible; 90% coverage; subject to deductible UnitedHealthcare—payable at 100% for office or independent lab/x-ray	Lab and x-rays may be subject to deductible; 90% coverage; subject to deductible

	HMO OPTION	HMO OPTION
	Kaiser Permanente	Kaiser Permanente Senior Advantage
Behavioral Health	<i>The Plan Pays:</i>	<i>The Plan Pays:</i>
Mental Health and Substance Abuse Inpatient Facility and Partial Day Hospitalization	90% of coverage; subject to deductible and unlimited days for mental health and detoxification; UHC—90% coverage; not subject to deductible CIGNA—90% coverage subject to deductible	90% of coverage; subject to deductible and unlimited days for mental health, and detoxification
Mental Health and Substance Abuse Outpatient Visits and Intensive Outpatient	\$30 co-payment, 100% coverage, unlimited visits for mental health and detoxification; 100% after \$30 per visit co-payment; \$10 co-payment for group therapy	100% after \$30 co-payment; unlimited visits for mental health, substance abuse and detoxification
Dental		
Dental and Oral Care NOTE: Coverage for most procedures for the prompt repair of sound natural teeth or tissue for the correction of damage caused by traumatic injury	Contact the respective vendor; 100% after \$30 per visit co-payment; if inpatient/outpatient facility, 90% subject to deductible ----- NOTE: Notification required for all UHC options	Contact the respective vendor
Temporomandibular Joint Syndrome (TMJ) NOTE: Coverage for diagnostic testing and non-surgical treatment up to \$1,100 per person lifetime maximum benefit. This limit does not apply to the HMO	50% for non-surgical treatment; excludes appliances and orthodontic treatment; if inpatient/outpatient facility; 90% subject to deductible; 100% after \$30 co-payment for related surgery and diagnostic services; excludes appliances and orthodontic treatment; if inpatient/outpatient facility, 90% subject to deductible	50% for non-surgical treatment; excludes appliances and orthodontic treatment; if inpatient/outpatient facility; 90% subject to deductible; 100% after \$30 co-payment for related surgery and diagnostic services; excludes appliances and orthodontic treatment; if inpatient/outpatient facility, 90% subject to deductible
Vision		
Routine Eye Exam NOTE: Limited to one eye exam every 24 months	\$30 co-payment per office visit; not subject to deductible. Discount for eyewear	\$30 co-payment per office visit; not subject to deductible. \$100 allowance towards eye glasses or contacts
Other Coverage		
Hearing Services	Not covered	Not covered
Ambulance Services for Emergency Care NOTE: "Land or air ambulance" to nearest facility to treat the condition	100% after a \$50 per trip co-payment when medically necessary; 100% coverage; not subject to deductible	100% after a \$50 per trip co-payment when medically necessary; 100% coverage; not subject to deductible
Urgent Care Services	100% after \$35 co-payment	100% after \$35 co-payment

	HMO OPTION	HMO OPTION
	Kaiser Permanente	Kaiser Permanente Senior Advantage
Other Coverage	<i>The Plan Pays:</i>	<i>The Plan Pays:</i>
Home Health Care Services	100% coverage; up to 120 visits per Plan Year	100% coverage; up to 120 visits per Plan Year
Skilled Nursing Facility Services	90% coverage; up to 120 days per Plan Year; subject to deductible	90% coverage; up to 120 days per Plan Year; subject to deductible
Hospice Care	100% coverage; subject to deductible	100% coverage; subject to deductible
Durable Medical Equipment (DME)—Rental or purchase NOTE: Prior approval required for certain DME	100% coverage when medically necessary	100% coverage when medically necessary
Outpatient Acute Short-Term Rehabilitation Services <ul style="list-style-type: none"> Physical Therapy Speech Therapy Occupational Therapy Other short term rehabilitative services 	100% coverage after \$25 per visit co-payment; up to 40 visits per therapy per Plan Year	Unlimited visits
Chiropractic Care NOTE: Coverage for up to a maximum of 20 visits per Plan Year	100% coverage after \$30 co-payment per visit	100% coverage after \$30 co-payment per visit
Foot Care	\$30 per office visit co-payment	\$30 per office visit co-payment
Transplant Services NOTE: Prior approval required	90% coverage; subject to deductible	90% coverage; subject to deductible
Pharmacy		
Tier 1 Co-payment NOTE: No Tiers in HRA Option	Kaiser facility: \$10; Network Pharmacies: \$16	Kaiser facility: \$10 Network Pharmacies: \$16
Tier 2 Co-payment	Kaiser facility: \$25; Network Pharmacies: \$31	Kaiser facility: \$25 Network Pharmacies: \$31
Tier 3 Co-payment	N/A	N/A
Tier 4 Co-payment	N/A	N/A

*Includes a Medicare approved Part D drug benefit; after total yearly out-of-pocket costs reach \$4,350 you pay the greater of \$2.40 for generic or a preferred brand drug and \$6 for all other drugs or 5% co-insurance.



GEORGIA'S NUTS ABOUT HEALTH!

Thanks to all of you who participated in the State Health Benefit Plan's "Georgia's Nuts About Health" wellness initiative. It's never too late to be healthy!
www.nutsabouthealth.ga.gov



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